

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43240
Do not use this space.

11490

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **1720 Union Blvd.** St. **6**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William F. Tieth
 (a) Residence, No. **1720 Union Blvd.** St. **6**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charlotte Tieth**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 15th, 1871**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Blacksmith**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **26**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Henry Tieth**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Mary Woellner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Charlotte Tieth**
1720 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACES **St. Peters Cem.** DATE **Dec. 15th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Drehmann & Son**
1905 Union Blvd.

20. FILED **DEC 14 1937** **St. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 12th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1/2** to **Dec. 12, 1937**

I last saw him alive on **Dec. 12, 1937** Death is said to have occurred on the date stated above, at **9:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
following chronic Myocarditis
93C

Other contributory causes of importance **arterial sclerosis**

Name of operation **none** Date of **no**
What test confirmed diagnosis **BP & urine** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **J. J. Henry**, M. D.

(Address) **634 W. Grand**

no other body
1-2
Jef 8411
Mm - Had - Jan

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert M. Sanford
Licensed Embalmer No. 2273

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)